



*Interstate Telcom Consulting, Inc.*

Independent Telecommunications Consultants

June 26, 2015

Ms. Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

Received & Inspected  
JUL 01 2015  
FCC Mail Room

Mr. Jeff Richter  
PSC - Wisconsin  
PO Box 7854  
Madison, WI 53707

DOCKET FILE COPY ORIGINAL

Re: WC Docket No. 10-90, 11-42 and 14-58: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for Sharon Telephone Company, Study Area Code 330946. Sharon Telephone Company is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. A confidential "Trade Secret" filing of this information was also made under Docket 10-90, 11-42 and 14-58.

Should you have any questions, please contact me via e-mail at [roxih@interstatetelcom.com](mailto:roxih@interstatetelcom.com) or by phone at 320/848-6641.

Sincerely,

Roxi Hacker  
Regulatory Consultant

Enclosures:

Cc: Brad Ellefson

No. of Copies rec'd 0+1  
List ABCDE

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 330946  
<015> Study Area Name SHARON TEL CO  
<020> Program Year 2016  
<030> Contact Name: Person USAC should contact with questions about this data Roxi Hacker  
<035> Contact Telephone Number: 3208486641 ext. Number of the person identified in data line <030>  
<039> Contact Email Address: roxih@interstatetelcom.com Email of the person identified in data line <030>

Received & Inspected

JUL 01 2015

FCC Mail Room

**ANNUAL REPORTING FOR ALL CARRIERS**

**54,313**  
Completion  
Required

**54,422**  
Completion  
Required

(check box when complete)

<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> ← check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; padding: 2px;">330946WI510SharonWI-IL.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; padding: 2px;">330946WI610SharonWI-IL.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<div style="border: 1px solid black; padding: 2px;">330946WI1010Sharon.pdf</div> (attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

330946W1112Sharon.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How much (USF) was used to improve service quality and how support was used to improve service quality  
 <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage  
 <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

REDACTED FOR PUBLIC INSPECTION



(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

[illegible]

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

**<701> Residential Local Service Charge Effective Date**

1/1/2015

<702> Single State-wide Residential Local Service Charge

[illegible]

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com.com

[illegible]

REDACTED FOR PUBLIC INSPECTION

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<810>	Reporting Carrier	Sharon Telephone Company
<811>	Holding Company	Sharon Telephone Company (IL & WI)
<812>	Operating Company	Sharon Telephone Company

[illegible]



**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	330946
<015> Study Area Name	SHARON TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- |  |   |
|--|---|
| <p>&lt;921&gt; Needs assessment and deployment planning with a focus on Tribal community anchor institutions.</p> <p>&lt;922&gt; Feasibility and sustainability planning;</p> <p>&lt;923&gt; Marketing services in a culturally sensitive manner;</p> <p>&lt;924&gt; Compliance with Rights of way processes</p> <p>&lt;925&gt; Compliance with Land Use permitting requirements</p> <p>&lt;926&gt; Compliance with Facilities Siting rules</p> <p>&lt;927&gt; Compliance with Environmental Review processes</p> <p>&lt;928&gt; Compliance with Cultural Preservation review processes</p> <p>&lt;929&gt; Compliance with Tribal Business and Licensing requirements.</p> | <div style="border: 1px solid black; padding: 2px; text-align: center;"> Select<br/>Yes or No or<br/>Not Applicable </div> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> |
|--|---|

REDACTED FOR PUBLIC INSPECTION



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

REDACTED FOR PUBLIC INSPECTION

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

330946WI1210SharonWI-IL.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.sharontelephone.com/telephoneservices.html>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



REDACTED FOR PUBLIC INSPECTION

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	ROXI HACKER
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelecom.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)  
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)  
 <2011b> Attachment (47 CFR § 54.313(b)(1)ii)


Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))  
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))  
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))  
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))


**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

- <2016> Certification Support Used to Build Broadband

--

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

- <2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.


- <2021> Interim Progress Community Anchor Institutions


Name of Attached Document(s) Listing Required Information

REDACTED FOR PUBLIC INSPECTION



## (3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

## Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	330946
<015> Study Area Name	SHARON TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

330946WI3010Sharon.pdf

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

330946WI3012Sharon.pdf

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒  
(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☐ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☒

- (3023) Underlying information subjected to a review by an independent certified public accountant ☒

- (3024) Underlying information subjected to an officer certification. ☒

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

330946WI3026Sharon.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

## (3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

## Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	330946
<015> Study Area Name	SHARON TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

## Financial Data Summary

(3027) Revenue	955250
(3028) Operating Expenses	1410974
(3029) Net Income	-92301
(3030) Telephone Plant In Service(TPIS)	12244512
(3031) Total Assets	8500094
(3032) Total Debt	271020
(3033) Total Equity	8229074
(3034) Dividends	0

REDACTED FOR PUBLIC INSPECTION

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	330946
<015> Study Area Name	SHARON TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	330946
<015> Study Area Name	SHARON TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>ITCI</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	ITCI
Name of Reporting Carrier:	SHARON TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/30/2015
Printed name of Authorized Officer:	Brad Ellefson
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	2627369981 ext.
Study Area Code of Reporting Carrier:	330946 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	SHARON TEL CO
Name of Authorized Agent or Employee of Agent:	ITCI
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/30/2015
Printed name of Authorized Agent or Employee of Agent:	Roxi Hacker
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	3208486641 ext.
Study Area Code of Reporting Carrier:	330946 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

REDACTED:

Sharon Telephone Company

Five Year Quality of Service Plan  
2015-2019

Annual Progress Report & Map  
2015



REDACTED:  
Progress Report  
USF

REDACTED:  
Progress Report  
Map

SAC: 330946  
 State: Wisconsin  
 Sharon Telephone Company  
 Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services provided by Sharon Telephone Company are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable State of Wisconsin orders and rules including:

**Wisconsin State Statute 100.207 & 100.208  
 REGULATION OF TELECOMMUNICATIONS SERVICES**

100.207(2) Advertising.	100.207(4) Collection Practices.
100.207(3) Sales.	100.208 Unfair Trade Practices.

**WI Chapter PSC 165  
 STANDARD FOR TELECOMMUNICATIONS SERVICE**

165.010 General.	165.033 Exchange area boundaries.
165.020 Definitions.	165.065 Emergency operation.
165.032 Schedules to be filed with the commission.	

**Wisconsin State Legislative Department of Agriculture, Trade & Consumer Protection  
 (ATCP) 123 & 127 BILLING PRACTICES AND DIRECT MARKETING**

123.02 Disclosure to subscriber.	123.08 Automatic renewal or extension.
123.04 Subscription charges.	123.10 Prohibited practices.
123.06 Negative Option Billing	123.12 Activities regulated by PSC.

**Subchapter II – Telephone Solicitations**

127.02 Definitions.	127.12 Credit card laundering.
127.04 Opening disclosures.	127.14 Misrepresentations.
127.06 Disclosure prior to sale.	127.16 Prohibited practices.
127.08 Prize promotions.	127.18 Recordkeeping.
127.10 Unauthorized payment.	127.20 Assisting violations.

**Subchapter III – Mail Solicitations**

127.30 Definitions.	127.42 Credit card laundering.
127.32 Opening disclosures.	127.44 Misrepresentations.
127.34 Disclosure prior to sale.	127.46 Prohibited practices.
127.36 Prize promotions.	127.48 Recordkeeping.
127.38 Unauthorized payment.	127.50 Assisting violations.
127.40 Delivering ordered goods.	



SAC: 330946

State: Wisconsin

Sharon Telephone Company

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

---

**Subchapter IV – Face-to-Face Solicitations**

127.60	Definitions.	127.70	Credit card laundering.
127.62	Opening disclosures.	127.72	Misrepresentations.
127.64	Disclosure prior to sale.	127.74	Prohibited practices.
127.66	Prize promotions.	127.76	Recordkeeping.
127.68	Unauthorized payment.	127.78	Assisting violations.

**Subchapter V – Telephone Solicitations; State Do-Not-Call Registry**

127.80	Definitions.	127.83	Telephone solicitation practices.
127.81	Telephone solicitors; registration.	127.84	Recordkeeping.
127.82	Do-Not-Call Registry.		

Sharon Telephone Company certifies it has complied with these requirements and those of the FCC including Lifeline Requirements, and Customer Proprietary Network Information (CPNI) rules.

SAC: 330946

State: Illinois

Sharon Telephone Company

Form 481 Line No: 510 Compliance with Service Quality Standards and Consumer Protection

---

As required by Illinois Administrative Code "Title 83 Chapter 1 subchapter f Part 730 – subpart E: Standards of Quality of Service", the local services provided by Sharon Telephone Company are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Illinois Commerce Commission orders and rules including:

**SUBPART E: STANDARDS OF QUALITY OF SERVICE**

- Section 730.500 Adequacy of Service
- Section 730.505 Operator Handled Calls
- Section 730.510 Answering Time
- Section 730.515 Central Office Administrative Requirements
- Section 730.520 Interoffice Trunks
- Section 730.525 Transmission Requirements
- Section 730.535 Interruptions of Service
- Section 730.540 Installation Requests
- Section 730.545 Trouble Reports
- Section 730.550 Network Outages and Notification

For more details visit:

<http://www.ilga.gov/commission/icar/admincode/083/08300730sections.html>

SAC: 330946

State: Wisconsin

Sharon Telephone Company

Form 481 Line No: 610 Description of Functionality in Emergency Situations

---

Sharon Telephone Company pursuant to Wisconsin Public Service Commission rule "165.065 Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or exceed the rule requirement to provide:
  - Back up battery service in each central office.
  - Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Informed employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service, including rerouting of traffic around damaged facilities and the deployment of emergency power.

SAC: 330946  
 State: Illinois  
 Sharon Telephone Company  
 Form 481 Line No: 610 Description of Functionality in Emergency Situations

---

Pursuant to Illinois Administrative Code "Title 83 Chapter 1 subchapter f Part 730.325 Emergency Operation", Sharon Telephone Company complies with the following:

**TITLE 83: 1f – 730.325 Emergency Operation**

- a) Each local exchange carrier shall make provisions to meet emergencies resulting from failures of commercial or power service, sudden and prolonged increases in traffic, illness of personnel, fire, storm, or other natural disasters. Each local exchange carrier shall inform employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telecommunications service.
- b) Each existing central office will contain a reserve battery supply of 5 hours where emergency power generators are not installed and 3 hours where they are in place. Central office batteries shall be maintained in accordance with Institute of Electrical and Electronic Engineers (IEEE) standards as adopted in Section 730.340, and records verifying such maintenance shall be kept on site. New central offices or central offices being replaced shall contain a reserve battery supply of 8 hours where emergency power generators are not installed and 5 hours where they are in place. In central offices without installed emergency power generators, a mobile power unit shall be available that can be delivered and connected within 5 hours.
- c) In new central offices exceeding 3,000 working lines, a permanent power generator shall be installed. For existing central offices having over 3,000 lines, permanent power generators shall be installed at the time of office replacement or battery replacement.
- d) Emergency generator units shall have available at least a 12 hour fuel supply.
- e) Emergency generator units shall be tested under load once a month. A record of the test results shall be maintained.



**(700) Price Offerings Including Voice Rate Data  
Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxi.h@interstatetel.com

1/1/2015

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION